



COBRA AFTER HEALTH CARE REFORM

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In a way, "health care reform" began 25 years ago, with the coverage continuation requirements enacted as part of the Consolidated Omnibus Budget Reconciliation Act of 1985 (better known as COBRA). With the passage earlier this year of *comprehensive* health care reform, this is a good time to take stock of COBRA's place in the world of employer health plans.

In this webinar, we will provide a brief overview of COBRA's requirements, consider whether COBRA has any long-term future (in view of the ability to purchase coverage through the exchanges starting in 2014), and then address several short-term implications for COBRA of comprehensive health care reform. These include the following:

- How the calculation of COBRA rates may affect a plan's "grandfathered" status
- Expected IRS guidance on the calculation of COBRA rates (for the purpose of W-2 reporting of the value of health coverage)
- Application of the Tax Code's nondiscrimination rules to subsidized COBRA coverage under insured health plans
- New restrictions on rescinding COBRA coverage
- Allowing COBRA beneficiaries to add adult children to their coverage

PRESENTERS:

Julia M. Vander Weele, Partner - Spencer Fane Britt & Browne LLP

Julia practices in the firm's Employee Benefits Group and is a member of the ERISA Litigation Group. Prior to joining Spencer Fane, Julia worked as in-house counsel for Fortis Benefits Insurance Company, where she managed ERISA litigation and advised senior management on other ERISA issues related to group disability, life and dental products.

Kenneth A. Mason, Partner - Spencer Fane Britt & Browne LLP

Ken heads the Employee Benefits Group. He concentrates on ERISA and other aspects of employee benefits law, including tax and fiduciary issues, substantial involvement with retirement and welfare plans, executive deferred compensation, federal employment discrimination statutes, and issues unique to governmental and other tax-exempt employers.

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